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CASE OF OSTEO SARCOMA OF THE LEFT UPPER MAXILLARY BONE,

IN WHICH THE WHOLE OF THE DISEASED BONE WAS REMOVED BY M. BLANDIN, SURGEON TO THE HÔPITAL BEAUJON.

THE subject of this operation was a female, fifty-five years of age, habitually healthy, and the mother of several children, who enjoy good health; she affirms that she never contracted syphilis, and traces the commencement of her disease to six months back. At this period one of the left upper molar teeth became spontaneously the seat of excessive pain, loosened, and in a short time fell out, leaving an opening which never closed since. At the same time two small fleshy tumors, as large as a pea, red, and smooth, developed themselves on either side of the fistula, which gave issue to a small quantity of puriform mucus, fetid, and sometimes mixed with blood. A surgeon being now called upon, made some trifling incision, which gave issue to some blood, and from that day the tumors gradually enlarged.

On being received into the hospital, 11th of March last, she presented the following appearance:—At the roof of the mouth there was a red, smooth, fungous tumor, but it was not ulcerated, and did not bleed; this tumor comprehended the whole breadth of the left upper maxillary bone, and occupied from before backwards the alveolar ridge and vault of the palate as far as the insertion of the velum palati. The whole alveolar ridge had disappeared, and was confounded with the body of the tumor, which was as large as the half of a hen's egg. Corresponding with the presumed situation of the second or third molar tooth there was an opening, furnishing a sanious, fetid pus, through which a probe might be passed deeply into the antrum. The left cheek was elevated by the tumor, which seemed to mount up to the base of the orbit in front, and to the side of the nose laterally. The globe of the eye on this side was not displaced; the patient experiences great intermitting pain in the tumor, and has been affected with headache, though not latterly; she coughs a little, and expectorates mucus mixed with pus from the alveolar fistula; the general health was not altered.

During the following days the little finger could be introduced into the maxillary sinus through the fistula, and feel some irregular but smooth fungosities in the interior of that cavity; not a single point of its parietes presented the osseous resistance characteristic of a healthy state; the examination was followed by a discharge of blood; the progress of the tumor latterly had been very rapid; it had exceeded the median line to the right, and gained the inner edge of the right superior maxillary bone.

MM. Margolin and Blandin, seeing the quick manner in which the osteo sarcoma advanced, were of opinion that complete removal of the whole superior maxillary bone was necessary, and on the 18th of March, M. Blandin, in the presence of several surgeons, proceeded to the operation.

The patient was retained in a chair by two assistants, and the operator placed himself before her, having on his left all the necessary instruments arranged in perfect order, and under the care of another assistant. The left half of the upper lip was put in a state of tension between the left hand of the operator and an assistant, and an incision was made, commencing over the os malæ, below and outside the external angle of the eye, and dividing the upper lip two or three lines in front of the left commissure. The coronary branches were now tied, and the threads cut close to the knots. The external flap, sufficiently dissected back to expose the anterior edge of the masseter muscle, was committed to an assistant ; the internal flap was also dissected from below up, and from without inwards ; the wing of the nose was separated from the maxillary bone, and turned up ; the corresponding nasal fossa opened in front, outside, and below ; the perpendicular process of the superior maxillary bone, and the base of the orbit, were exposed. The globe of the eye, with its cellular tissue, separated from the floor and inferior angles of the orbit, was pushed up by a spatula.

During this first period of the operation, the soft parts alone were interested ; it now remained to separate the hard parts. The globe of the eye was carefully elevated inwards, together with the internal flap, while the external one was depressed in the opposite direction ; a small handsaw was now placed on the middle of the articulation of the superior maxillary with the malar bone ; the flat of the blade being parallel to the median line, and directed from before backwards, regarded the anterior extremity of the inferior orbital fissure in such a manner, that the anterior angle of the os malæ was on the inner side, and the malar process of the superior maxillary bone on the outer side, of the cut.

The anterior moiety of the osseous mass placed in front of the inferior orbital fissure being thus divided, the separation was continued as far as the latter fissure, with the gouge. As the instruments were now to be directed against the inferior and inner edge of the orbit, the globe of the eye was raised outwards, and the internal flap turned to the right side. The saw being fixed on the external face of the ascending process of the superior maxillary bone, divided it obliquely from above, downwards, and from without inwards, in an oblique direction, passing through the superior external and inferior internal angles of the orbit, and directed from before backwards toward the posterior third of the spheno-maxillary fissure. The ascending process having been thus divided by the saw, the separation of the bone as far as the spheno-maxillary fissure was completed with the gouge, following precisely the ethmoido-maxillary fissure of the orbit.

The osseous portion which was to be amputated being thus separated superiorly both on the outer and inner sides, still remained attached behind the tuberosity of the maxillary bone, at the vault of the palate and the wall of the nasal fossæ. The internal flap being raised sufficiently, together with the upper lip, the left index-finger was introduced deep into the mouth, which was kept open by means of a cork; the finger served to protect the velum palati and to direct a long strong pair of scissors, which were introduced from before backwards through the nasal fossæ, each fossa receiving a blade; the septum was thus divided parallel to its base, where the vomer is very thin.

The necessary number of teeth were now extracted, and the bistoury traced on the gum and roof of the palate the line which the saw was to follow. This instrument divided the superior alveolar edge parallel to the median line, and from before backwards. The section was completed with the gouge, by which the osseous portion of the roof of the palate was divided in its whole length. The left moiety of the velum palati was now separated from the rest by means of a transverse incision, which, passing along the posterior edge of the horizontal portion of the palatine bone, was directed between the pterygoid process and the maxillary tuberosity. The soft parts being thus divided, the gouge was employed to separate the superior maxillary and palatine bones from the sphenoid, acting obliquely from above downwards, and from without inwards. The tumor was now completely isolated, it could be seized between the fingers, and when all the soft parts were cut through, its removal was terminated.

The result of this operation, in which the internal pterygoid muscle was completely exposed, was the formation of a vast cavity where the left orbit, nasal fossæ, the pharynx, and mouth, all communicated. The parts were now cleaned with a sponge, and some fragments of the orbit and palatine bone, with some fungous excrescences, were removed; the edges of the wound were now brought together with eight strong pins, on which the twisted suture was placed; the cheek did not present any sensible depression.

The consequences of this difficult and long operation did not present anything remarkable, the termination being most fortunate; there was very little reaction, whether general or local; neither hemorrhage nor nervous symptoms supervened. During the first few days the patient expectorated some mucus, at the beginning mixed with blood, but soon becoming yellow. On the 21st we observed over the upper eyelid and left cheek a little redness and œdema, but these were quickly dissipated. The patient, whom we could not comprehend at all at first, was soon able to make herself well understood, though the voice was nasal. Finally, she was able to leave the hospital in the beginning of May, when she presented the following appearances:—

On the cheek a simple cicatrix. In the cavity of the mouth, a sort of perforation of the velum palati, establishing a communication between the mouth and nasal fossæ, permits us to see the septum and turbinated bones. This artificial perforation is limited in front by the cheek; behind by the left moiety of the velum palati; its edges are completely cicatrized. The left cheek is a little fallen in, and the left wing of the nose, being drawn closer to the septum than natural, diminishes a little the nostril of that side.

The examination of the tumor which was removed, perfectly confirmed the diagnosis; it was composed of true osteo-sarcomatous tissue, by which the greater part of the bone had been destroyed.

This case of complete removal of the whole of the superior maxillary bone, joined to a few other authentic ones, which are recorded within the last few years, proves that this operation, though in appearance dangerous and frightful, must take its rank amongst the other great efforts of the art, to remove a disease otherwise inevitably mortal.—*Lancet.*

CASE OF DISLOCATION OF THE FEMUR INTO THE FORAMEN OVALE.

BY O. B. BELLINGHAM, M.D.

Hugh Murray, aged about 55, a laboring man, was at work in a gravel pit, near Carrickmacross, county Monaghan, when part of the side, which was undermined, fell in and buried him up to the neck. According to his account he was thrown on his face. I saw him early the next day, when I found that he had a comminuted fracture of the shaft of the left femur, and a dislocation on the right side of the head of the bone into the foramen ovale, the symptoms of which were as follows:—The knee and foot were a good deal separated from the other; the toes were turned out, and the knee was bent; there was a depression where the great trochanter can be felt in the natural state, and the head of the bone could be felt at the upper and inner part of the thigh, to which place the pain was referred. I could not perceive that the body was much bent forwards, and the shaft of the other thigh-bone being broken, it was difficult to say whether the limb was lengthened.

The reduction was effected by fixing the pelvis by means of a girth placed between the pudendum and thigh, which was firmly held by an assistant (such as I could get amongst the poor man's friends, as there was no other medical man within a distance of some miles); then grasping the ankle of the dislocated side, making a certain degree of extension, and drawing it over the other ankle, when the bone slipped into its socket, with a noise heard by those around, the patient lying on his back during the time.

In this case the diagnosis may be said to have been somewhat more difficult than it usually is, from the comminuted fracture of the opposite thigh, as it could not be well determined whether the dislocated limb was lengthened, and from the almost total absence of the bent position of the body, which Sir A. Cooper has given as one of the first diagnostic symptoms. However, the great separation of the knee and foot from the other, the turning out of the toes, the depression where the great trochanter can be felt in the natural state, the protuberance caused by the head of the bone on the inner side of the thigh, the knee being flexed, and the impossibility of extending it, together with the seat of the pain being referred to the situation of the obturator foramen, left no doubt of the nature of the accident.

I should have mentioned, that before I proceeded to the reduction, I administered a solution of tartarized antimony, but it did not produce the slightest nausea. The whole operation did not take up many minutes, and as soon as it was over he called for his pipe, and seemed to enjoy it as if nothing had been the matter with him.—*Ibid.*

AN ESSAY ON THE DISEASES OF THE HEART, CONTAINING A NEW HYPOTHESIS BY WHICH THE PHYSICAL SIGNS ARE EXPLAINED.

BY CHARLES HOOKER, M.D.

[Communicated for the Boston Medical and Surgical Journal.—Continued from Vol. IX. p. 379.]

PERICARDITIS AND CARDITIS.

Most authors, in treating of the disease of the heart and its envelopes, have made numerous and minute divisions of these diseases, according to the different tissues or parts affected. Corvisart divided these diseases into four classes, placing pericarditis in the first, and carditis, as though widely different in character, in the last of these classes. In carditis, he thinks the inflammation is seated principally in the cellular tissue; but he admits that the muscular and serous tissues are also affected, and that inflammation of the pericardium commonly attends that of the substance of the heart. The divisions of Bertin are no less minute than those of Corvisart. Dr. Hope, also, treats in three separate chapters of the inflammatory affections of the pericardium, the muscular substance, and the lining membrane of the heart.

These minute divisions, it appears to me, only tend to perplex the learner, without any practical advantage. Probably there may be a *slight* inflammation of the pericardium, without a similar affection of the muscular substance and the lining membrane of the heart. I am inclined to think, however, as is generally conceded by authors, that serious inflammation rarely, if ever, affects one of these parts, without extending to the others. But, if these parts were separately affected with inflammation, still such minute divisions would be of little practical importance, for it is conceded that the causes, the general symptoms, and the treatment, of the different affections, are nearly the same.

Inflammation of the pericardium and heart was formerly supposed to be of very rare occurrence; but it is now ascertained to be one of the most common diseases. Dr. Elliotson says that "No man in practice can pass a month without seeing cases of this description." It was formerly supposed, also, that this disease almost necessarily leads to a sudden and fatal termination. Even Corvisart states that it leads to "death, more or less sudden, but generally certain." It is now known, however, that, in its early stages particularly, it is generally curable; and that it is seldom suddenly fatal, unless complicated with severe pneumonitis or other diseases. Still the disease is to be regarded as of most serious character; for it is very liable to cause derangement of the valves, or some other parts of the heart, which sooner or later produce serious symptoms, and even fatal results. It is particularly on account of this tendency to chronic organic disorders, that an early diagnosis and prompt medication are highly important. In the early stage, the disease may be almost certainly cured; but the organic changes, which are frequently induced by its uninterrupted progress, are commonly very unmanageable.

1. *Anatomical Characters of Pericarditis and Carditis.*

(A) *Pericarditis.*—The principal anatomical characters of acute inflammation of the pericardium, are a *preternatural redness* of the membrane, and an *effusion of serum and coagulable lymph* within its cavity.

In some cases this *redness* is equally diffused, giving the interior of the pericardium the appearance of a uniform stain; but more commonly there is a punctuated or mottled appearance, the redness being in specks or patches. Sometimes the minute vessels injected with blood have a stellated, or an arborescent appearance. This redness alone cannot be considered as a decisive indication of inflammation, as vascular injection is known to occur independent of inflammation: and in many cases of unequivocal pericarditis no redness occurs, especially in the most acute cases, in which the membrane sometimes appears perfectly natural.

Like the pleura, the membrane lining the ventricles of the brain, and other serous membranes, the pericardium in inflammation secretes a preternatural quantity of *liquid*, which becomes *accumulated in its cavity.* The quantity of this liquid commonly amounts to at least five or six ounces, and sometimes to several pints. The appearance of this liquid is various—in the early stages, it is commonly perfectly limpid; but, in the advanced stages, it is frequently red, from an admixture of blood, and is commonly turbid, and contains numerous albuminous or purulent flocculi. In some cases it has a perfectly purulent appearance. The coagulable lymph is generally more abundant than in the secretion of pleurisy —floating in the serum in the form of flocculi, or lining the pericardium in the form of *false membranes.* These false membranes have various characters—sometimes they form a thin, firm lining to the pericardium, similar in texture to the pericardium, and hence giving an appearance of a thickening of this membrane—generally they have a pale yellow, or straw color—sometimes they have an irregular surface, resembling that of a pine-apple—and sometimes they have an appearance which Laennec compares to that produced by the separation of two slabs between which soft butter has been spread. The thickness of these membranes is various in different cases—sometimes amounting to one inch, though commonly not more than one or two lines. In process of time these false membranes become organized so as to themselves constitute secreting surfaces, in which cases the secreted liquid is turbid, and of a deep red or yellow color, containing considerable quantities of blood and pus. In some cases ligamentous bands, various in their arrangement and texture, are formed, connecting the reflected portion of the pericardium to the portion investing the heart; and occasionally the pericardium is rendered universally adherent to the heart.

In opening dead bodies it is very common to find on the surface of the pericardium, especially on that part of the membrane which invests the heart, *opake, white, or milky spots,* of various sizes—sometimes not larger than the thumb nail, but sometimes covering nearly the whole surface of the heart. Corvisart supposed these spots occasioned by a deposition beneath the serous membrane; but they are now considered as the result of a partial pericarditis, being a condensed cellular tissue deposited on the surface of the membrane, from which by careful dissection it may be removed, leaving the subjacent pericardium entire.

In some cases, when the inflammation of the pericardium has been of a scrofulous type, *granulations*, consisting of *tubercular matter*, are found deposited on the surface of the pericardium, or developed in the false membranes.

In chronic cases of pericarditis, *osseous depositions* are sometimes found about the surface of the heart. It is said, that in some cases these depositions are beneath the pericardium, and that in other cases this membrane itself is ossified; but most commonly, at least, the false membranes are the seat of these osseous depositions.

(B) *Carditis.*—The anatomical characters of inflammation of the muscular substance of the heart are various—owing, probably, in part at least, to the various causes and kinds of the inflammation, in different cases. One of the most common changes is a *softening*, with a *flabbiness*, of the muscular substance. Sometimes the degree of softening is such that the heart can hardly be handled without penetrating or lacerating the muscular parietes with the fingers. This condition of the organ, it has appeared to me, most commonly occurs in those cases which have been attended with little pain, a small feeble pulse, and, in general, with symptoms of *atonic* inflammation. As noticed by Laennec, Bertin and other writers, it is very common in low asthenic and malignant fevers.

Sometimes, especially in chronic carditis, a preternatural *hardness* of the muscular substance occurs.

The *color*, also, of the muscular substance is various—sometimes being preternaturally deep, with a scarlet, crimson, or violet hue—and sometimes preternaturally pale, with a yellowish, or light brown appearance. The heart may be either preternaturally hard, or soft, with any of these varieties of color.

It is not very uncommon to find a slight *purulent infiltration* of some portions of the muscular substance of the heart; and in one remarkable case, related by Dr. Latham (Lond. Med. Gaz. Vol. III.), there was an effusion of pus throughout the whole muscular tissue of the organ. A considerable number of cases is on record, of distinct collections of pus, constituting proper *abscesses*, in the muscular substance of the heart. There are cases, also, of *ulceration* of the walls of the heart: these ulcers most commonly open into the cavities of the organ, but sometimes on the external surface. The greater proportion of the cases of rupture of the heart on record, have been in consequence of ulceration of the walls.

(C) *Inflammation of the Internal or Lining Membrane of the Heart.*—The principal changes produced by inflammation of the internal membrane of the heart and arteries, are a *redness* and *thickening* of the membrane, a *deposition of lymph* on its surface, and *ulceration* of the membrane.

The *redness* of the membrane varies from a bright scarlet to a violet, and even a dark brown hue. It has been a subject of much discussion whether this *redness* is always the result of inflammation. Bertin, Bouillaud, and some others, have maintained that, in all its shades, it is to be considered the result of inflammation. Boerhaave, Morgagni, Laennec, Dr. Hope, and most other writers, on the contrary, think that it is more commonly a mere *stain* derived from the blood, by a single imbibition, during the last moments of life, or after death.

In support of his opinion, Laennec observed that the membrane was most highly colored in those portions of the heart and arteries where the cavities contained the most blood, and that when the aorta was only partly filled, the extent of the contained blood was very definitely marked by this redness. He found the color commonly most strongly marked in the most depending portions of the heart and arteries, into which, from the laws of gravity, the blood had settled. He also tried the experiment of enclosing a quantity of blood in portions of healthy colored aorta, which were placed in the stomach of the subjects in order to keep the preparations moist. In twenty-four hours he thus obtained perfect specimens of the scarlet dye, which was not lessened by repeated washings. He found the results modified by various circumstances. "If we employ blood but half coagulated, and particularly such as we express from the lungs, we produce the scarlet color. If we employ blood which is very fluid, especially if mixed with serum, we obtain a more or less deep purple or pale color. If we fill the artery only one half, or one quarter, the part in contact with the blood alone exhibits the discoloration. If the coats of the artery are firm or elastic, the experiment succeeds with difficulty, and after a long time (seventy-two or eighty hours), and the tinge is never deep. On the other hand, if the tunics are soft, supple and humid, the coloring is speedily diffused through their whole depth. The experiment succeeds much better in summer than in winter, and the more readily, as the decomposition is rapid." (Forbes's Laennec, Ed. 1828, p. 658.)

Laennec states that in dissections he has most commonly observed the *scarlet redness* after "a rather prolonged agony, in subjects still vigorous, yet cachectic, from diseased heart or other affections," in which cases "the blood is never strongly coagulated, and the body most commonly affords marks of decomposition." The *violet or brownish redness* he has observed "in subjects dead of putrid fevers, emphysema of the lungs, and disease of the heart. All these individuals had remained long in a moribund condition, with great dyspnœa—in all, the blood was very fluid, evidently altered, with signs of premature decomposition in the body. It is accordingly most frequently in summer that we meet with this condition of parts, and in subjects that have been dead upwards of twenty-four hours. Both kinds of redness, particularly the last, are accompanied with a greater or less degree of softening of the heart, and an increased humidity of the arterial tunics—the consequence, most commonly, of incipient putrefaction." (Laennec, p. 657.)

Dr. Hope states that he has very constantly found this violet redness "in cachectic subjects affected with passive hemorrhage from the gums, from ulcers, or from any tender or broken surfaces—as in scurvy." (Hope's Treatise, p. 145.)

From these statements it appears evident that redness of the internal membrane of the heart and arteries cannot in all cases be considered as proof of inflammation. Indeed, the numerous cases adduced by Bouillaud and Bertin in support of their views, are strongly corroborative of the opposite views of Laennec—almost all of them being cases of adynamic or putrid fevers, or of phthisis, in which a manifest alteration of the liquids and an incipient putrefaction are mentioned by the authors; and the most of their examinations were made in summer, and more than thirty hours after death.

Would, then, simply a redness of the lining membrane of the heart or arteries, in any case, afford positive proof of inflammation? I confess that, notwithstanding the importance ordinarily attached to this sign, I think it would not. Dr. Hope remarks that "in the absence of imbibition, the redness [of inflammation] is fainter, less shining, more equably diffused, and less characterized by streaks, patches, isolated unstained spots, and abrupt edges," than the redness of imbibition; but to me it appears doubtful whether these distinctive characters alone should be considered as decisive. Laennec observes that "we may be justified in suspecting inflammation, when the redness is accompanied with *swelling* and *thickening* of the part, and with an extraordinary development of capillaries in the middle coat of the vessel: but," he adds, "I am not sure that even these characters united would prove the existence of inflammation, in the case of a body that was considerably œdematous."

The inflammatory *thickening*, like other diseases of the lining membrane of the heart, is commonly most developed in that portion of the membrane which invests the orifices, and assists to form the valves.

A deposition of coagulable lymph on the lining membrane of the heart and arteries, Laennec regards as "the most unequivocal sign of inflammation of this membrane—and, indeed, with the exception of ulceration, the only certain one." No such deposition is observed in many cases of unequivocal inflammation—probably because the lymph is washed away, by the current of blood, the moment it is secreted. It is more commonly observed under the valves, and in other situations which are the least exposed to the current of blood.

Ulceration is rarely observed in *acute* inflammation of the lining membrane of the heart and arteries. It frequently occurs in connection with chronic disease of the arteries, produced in most cases by the irritation resulting from atheromatous or calcareous depositions beneath the lining membrane.

(D) *General Observations in relation to the Anatomical Characters of Pericarditis and Carditis.*—From the preceding observations it may be remarked that the most of the anatomical characters of inflammation of the pericardium and heart are equivocal; and few, if any, of them are constant. In medico-legal investigations, therefore, it is important to minutely examine all parts of the pericardium and heart, in connection with a history of the case. In most cases, it is believed, the inflammation first attacks the pericardium—at least it is in the pericardium that the first traces of inflammation are apparent. I recently examined a subject, whose death was probably occasioned by this affection, in which no traces of inflammation were apparent, except a slight redness of the pericardium about the orifice of the large vessels, with the effusion of about two ounces of serum. It is not improbable, indeed, that the disease sometimes terminates suddenly, without leaving any traces of inflammation cognizable after death. The anatomist should be particularly cautious in cases exhibiting simply a redness of the lining membrane of the heart or arteries—a character which has undoubtedly been considered as decisive, in many cases in which it was merely a passive engorgement of the vessels, or a simple imbibition.

2. *Causes of Pericarditis and Carditis.*

The causes of inflammation of the heart and pericardium are in general the same as of inflammation in other parts, as external violence from blows or pressure on the precordial region, exposure to cold, violent exercise, &c. The disease occurs frequently in connection with pneumonitis and pleuritis. It occurs also in the course of some eruptive diseases, as measles, scarlet fever, erysipelas and smallpox, in consequence, as is supposed, of a translation of disease from the surface; and in some cases it appears to be caused by scrofula. By far the most common cause, however, is rheumatism. The common connection between rheumatism and diseases of the heart was noticed first by Dr. Pitcairn, of St. Bartholomew's Hospital, and subsequently by Dr. Baillie, Sir David Dundas, Dr. Wells, Dr. Latham, Dr. Elliotson, and many recent writers.

As will be hereafter noticed, these different causes occasion various modifications in the character of the disease, and in the required treatment.

[To be continued.]

BELLADONNA.

[We recognize, in the following communication, the observations of an old acquaintance, who was one of the earliest and most constant contributors to this Journal, in former years. Whatever he has written on the practice of medicine has been well received, and it is therefore desirable that in the wane of life he should place on record as much of his experience as the active duties in which he is constantly engaged will allow. He will please accept our acknowledgments—and recollect that his favors are earnestly solicited for the future.—Ed.]

To the Editor of the Boston Medical and Surgical Journal.

Sir,—Some time since, I recommended the use of Belladonna, as very valuable in a certain description of cases of parturition, without being able, however, to cite any European authority for its employment. One of your correspondents, afterwards, was so good as to refer to the principal author by whom it is mentioned. Upon his suggestion, I have turned recently to Velpeau's very excellent Treatise on Midwifery, from which I have extracted the following observations upon the use and application of this important article. They are to be found in section 849, Dr. Meigs's translation, Philadelphia, 1831. Senex.

"Spasmodic contractions of the os uteri have also been observed, and I have several times seen its dilatation completely arrested, or considerably retarded for hours together by this irregularity, which in general requires the same treatment as the preceding. [He had been speaking of difficult, extremely painful, unequal, or partial contractions.] In some instances, the os uteri is at the same time very sensible, dry, hot, highly irritated and painful, although regular in shape. A very valuable remedy in such a state of things, and far more efficacious than hip baths, emollient, mucilaginous, or narcotic injections, or various sorts of ointments usually recommended, is found in the belladonna ointment, proposed by Chaussier and Dr. Conquest, and frequently made use of by Madame Lachapelle at the Maison d'Accouchement at Paris. [It is probable, however, that it is originally German practice.] *Its employment too is followed by no inconvenience.* When I have occasion for it, I direct one drachm of the juice or extract of belladonna to be triturated with an ounce of cerate or hog's lard. With the fingers I easily introduce a portion of this cerate, as large as a filbert, up to the os uteri; the whole circumference of which is soon anointed with it. The belladonna here acts as it does upon the iris, when applied betwixt the eyelids a few hours previous to performing the operation for cataract, and often with a promptitude that is really surprising.

" In the spring of 1825, a young woman of good constitution was seized with labor pains, at 5 o'clock in the evening. The labor went on regularly all night. The next morning, at 6 o'clock, the os uteri was as large as a three livre piece at least. From that time, the dilatation advanced slowly, although the force of the pains did not diminish at all. A vein was opened in the arm; the agitation of the patient went on increasing, and the orifice continued in nearly the same state. M. Ribail, who had the care of the woman, sent her to the hospital, where I saw her at half past 6 in the evening. The os uteri was a little larger than a five franc piece, and formed a thin circle, almost sharp, hot, and extremely sensible; the pains still continued. The ointment was applied at 7 o'clock, and before the clock struck 8 the delivery was completed.

"Conclusive as was this result, it nevertheless appeared to me difficult to attribute it exclusively to the action of the ointment; but, since then, I have used it in five different cases, and in all the effect has been, if not altogether as prompt, at least quite as undeniable."

[Why is not belladonna equally useful in rigidity of the perinæum? Might it not be applied with advantage in a large proportion of first cases?]

ADHESIONS IN THE CHEST.

BY GARDNER DORRANCE, M.D. OF SUNDERLAND, MASSACHUSETTS.

[Communicated for the Boston Medical and Surgical Journal.]

Mr. Editor,—I take the liberty to give you two or three cases of Adhesions of the Pleura Pulmonalis to the Pleura Costalis, which have been apparently rent asunder by violent bodily exertion.

A young woman, five years since, fell under my care for disease of the chest of long standing, which was fast assuming the appearance of consumption. She had daily paroxysms of fever, with cough, emaciation, dyspnœa, &c. I made, for a fortnight, liberal use of Prussic acid; when an unexpected alleviation of all her symptoms occurred, and she, in a few months, was restored to comfortable health. I was congratulating myself on my success, and began to think the Prussic acid had the powers which used to be ascribed to it; when she told me, that, just before her amendment, she exerted herself very much in rising suddenly from bed, and, while doing it, something seemed to break in her side, and that she had breathed more freely since, than she had done for years before. I concluded at once, that an adhesion had been torn up, and that accident, rather than my prescriptions, had effected her cure.

Mentioning this case to a highly respectable physician in this county, who, in these degenerate days, keeps up the good old custom of riding on horseback, he told me that he had for a long time symptoms of a similar adhesion, which was completely cured by a sudden effort to mount his horse.

A clergyman in a town near this, lost his voice to such a degree that he relinquished preaching, and solicited a dismission from his pastoral charge. He lived on the bank of Connecticut River, and, one day, word came that a boy was drowning in the middle of it. He sprang into a boat, rowed to the spot, plunged in, and saved the boy. When he came to the surface, he found his voice and freedom of breathing restored, and has since resumed preaching. He thinks an adhesion in his chest was broken up during his struggle in the water.

Whether we may take any hint from such cases, and recommend to our patients, who have similar adhesions, to occasionally use violent muscular exertion, I leave to your readers to judge.

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BOSTON, AUGUST 13, 1834.

TO THE PATRONS OF THE MEDICAL JOURNAL.

WITH this number, commences the Eleventh Volume of the BOSTON MEDICAL AND SURGICAL JOURNAL.

Eleven years have elapsed since this periodical was first issued from the office in which it is still published, under very discouraging circumstances—viz., inexperience in managing both its editorial and fiscal concerns, and the opinion of respectable professional gentlemen that a medical hebdomadal could not be supported in this country. The volumes before us very conclusively prove that they were mistaken. It is not only still alive, but has a fairer prospect than ever of being well sustained. The catalogue of subscribers has been gradually enlarging for several years, and the circulation of the work has been extended into nearly every State in the Union, and through the British Provinces. Whilst this has been slowly wending its way into public favor, many valuable monthly and quarterly journals have been ushered into being, which are no longer printed, and new ones are annually appearing, possessing high claims to patronage. It is to the reasonableness of the price of this, the regularity and frequency of its appearance, and the assistance which has been received from members of the profession in different parts of the country, that we impute its success, and on which we build our hopes of future usefulness, rank, and increased circulation.

Having been under the superintendence of different editors of distinction, during the last seven years, the editorial management of the Journal has again reverted to its original projector and owner. This, however, will not produce a change so great as the reader might at first be led to imagine. Being assured by many, whose advice we are bound to respect, that the mode of filling its pages, which has been so judiciously adopted by the talented gentleman who has retired from the labor of the field, is an acceptable one, no material alteration in this respect is contemplated. Practical matter is certainly of more utility than theoretical speculations; and the experience of a successful practitioner must always command the attention and reading of those who really feel a sense of the responsibilities they are under, as members of a liberal profession, to an intelligent community.

An abstract of the medical news of the day, will hereafter receive considerable attention. Having access to all the principal journals of science, it will afford us particular gratification to lay before our readers, from time to time, a synopsis of their contents—always keeping in view their practical bearing.

Communications from the faculty are earnestly solicited. Without the continued favors of those who have so long and so punctually contributed the results of their practice and observations, the more apparent will be the poverty of our literary resources. Those gentlemen who have heretofore transmitted accounts of prevailing diseases, and of the medical doings, in the regions in which they reside, are respectfully requested to direct their letters, as usual, to the address of the publisher. If there is competition in this department of human knowledge, as in every other, there is necessarily the more need of the sustaining power of those who have uniformly exhibited a lively interest in the character and respectability of the Journal. Detailed reports of interesting cases will always meet with ready acceptance; and practitioners, therefore, of physic and surgery, are solicited to make frequent contributions. Although solicitous for every species and variety of medical intelligence, we contend for the right of vetoing inappropriate essays as well as anonymous communications, and shall not consider ourselves responsible for the opinions or doctrines of those who, under their own signatures, may write for our pages.

We have the pleasure of resuming, in this number, the publication of Dr. Hooker's valuable Essay on Auscultation, which by various unavoidable causes has been delayed for some months. A paper on a highly interesting practical subject is in preparation by the same writer, and will hereafter appear in the Journal.

Devoted to the special interests of no particular school, but well-wishers to them all, an impartial course of conduct will certainly conduce to the happiness of ourselves, and in the sequel meet the approbation of others. It is not to be inferred, however, from these declarations, that we are without common sensibility, and therefore indifferent spectators of passing scenes. On the contrary, we have our partialities—our likes and dislikes, though determined to exercise the virtue of prudence in whatever relates to the affairs of other people. Notwithstanding these resolutions, it will be morally impossible, it is apprehended, not to run counter, occasionally, to the views of those whose judgment and opinions should never be slighted.—Sometimes the Journal may present fewer attractions than at others; but such a circumstance cannot be a greater disappointment to the reader, than mortifying and vexatious to those who prepare it.—We wish it to be distinctly understood, that in conducting the Journal there will be no interference with the business or prospects of others engaged in a similar undertaking. In a word, our ambition is solely directed to the attainment of the approbation of candid medical readers.

Having thus frankly stated our plan of operation, and our desire of disseminating extensively the discoveries and improvements which are continually making in the healing art, no further explanatory notice is deemed necessary.

BALTIMORE MEDICAL AND SURGICAL JOURNAL AND REVIEW.

In the July number of this very ably conducted periodical, we are extremely sorry to notice an editorial farewell from Dr. Geddings—who also announces the discontinuance of the publication. Among all the medical journals in this country, no one has sustained a more elevated and impartial character. Dr. Geddings displays in this parting number an uncommon degree of patient investigation, in an article of forty pages, entitled "*Reflections on the Pathology and Treatment of Anœmia or Oligœmia.*" Dr. Smith's Reports of Cases in Surgery, and Dr. Leon's paper on Ischuria Renalis (*paruria inops*), hereafter to be referred to, are ably written. The bibliographical record, containing a catalogue of recent medical publications, at home and abroad, is quite a formidable one. To a person who possesses no knowledge of the language, the following title-page of one, must appear quite dislocating, viz.—"Der Alp, Sein Wesen und Seine Heilung eine Monopraphie von Moritz Strahl Dr. der Medizen, Chirurgie und Geburtzhulfe, &c."

It seems that the editor did not receive that assistance which he probably had a right to expect from his brethren, as he remarks, in speaking of contributors—"*unfortunately few in number.*" That he was discouraged, cannot be doubted; and thus, simply for the want of the aid which should have been freely rendered, the country has lost a most excellent journal of medicine.

"THE HOUSE I LIVE IN."

This is the title of a little book of a hundred and forty-four pages, by Dr. William A. Alcott, of Boston, designed to instruct children in the elements of Anatomy. The author compares the skeleton to the frame of a house, and the muscles, skin, &c. are the coverings of the walls. In this edifice something resides—not to be misunderstood even by the class of readers for whom it was prepared. The Doctor has exhibited considerable ingenuity in the mode of illustrating the subject. Though professional men, generally, might be disposed to sneer at the idea of teaching little people even the outskirts of a science which is always considered difficult for their seniors to remember, we confess our satisfaction in the effort which is now making to familiarize all classes of persons with the curious structure of their own bodies.

MEDICAL SCHOOLS.

THERE are twenty-one regularly organized Schools of Medicine in the United States, in which annual courses of lectures are given. The following table may be serviceable, as it not only gives the locality of the school and the commencement of the lecture term, but the number of professors and students.

	Lectures commence.	Prof.	Stud.
Maine Medical School, Brunswick,	February.	5	103
New Hampshire Med. School, Hanover,	2 weeks after Com.	3	94
Vermont Med. Sch., Univer. Vt., Burlington,	2d Wed. in Sept.	3	14
Vermont Academy of Medicine, Castleton,	3d Thur. in Aug.	6	62
Mass. Med. School, Harv. Univer. Boston,	3d Wed. in Oct.	6	82
Berkshire Med. Institution, Pittsfield, Ms.	last Thur. in Aug.	5	85
Med. School Yale Coll., New Haven, Conn.	last week of Oct.	5	73
Coll. Phys. and Surg. of N. Y., New York,	1st Mond. Nov.	7	188
Coll. Phys. and Surg. W. Dist., Fairfield, N. Y.	1st Tues. Oct.	5	190
Med. Dep. Jefferson College, Philadelphia,	1st Mond. Nov.	6	121
Med. Dep. University Penn., Philadelphia,	1st Mond. Nov.	9	368
Med. Dep. University Md., Baltimore,	last Mond. Oct.	6	150
Washington Medical Coll., Baltimore, Md.	last Mond. in Oct.	6	
Med. Dep. Columbia Coll., Washington,	1st Mond. in Nov.	6	30
Medical Dep. University Virginia, Charlottesville,	September.	3	40
Medical College S. C., Charleston, S. C.			
Medical Coll. State S. C., Charleston, S. C.	1st Mond. Nov.	7	150
Medical College Georgia, Augusta,	3d Mon. October.	6	
Med. Coll. Trans. Univer., Lexington, Ky.	1st Mond. Nov.	6	211
Medical College Ohio, Cincinnati,	1st Monday Nov.	6	110
Reformed Medical College Ohio, Worthington.			

In the last column it is to be understood there is only an approximation to the average number of students. What sort of an institution the *Reformed Medical College of Ohio* is, has not been satisfactorily explained to us.

Cholera in New York.—We learn by the papers that eight or ten cases of cholera occurred in New York on Thursday and Friday last. The Board of Health promise the greatest vigilance, and very justly recommend to their fellow citizens to avoid intemperance of every kind, to abstain from unripe fruit and unwholesome food, and to practise cleanliness. Will not some of our correspondents in New York favor us with notices of this second appearance of the disease in that city, if anything worthy the attention of the faculty should be observed.

TO CORRESPONDENTS.—Dr. H. A. Hamilton's communication has been received. It describes a very remarkable malformation. Owing to the priority of other papers, it may possibly be delayed a week or two.—Dr. C. Jewett's report, relating to a case of delivery under very peculiar circumstances, is on file for next week, and also the interesting letter of "Beta."

Several alterations in the typography of the Journal, intended to have been made at the commencement of the eleventh volume, are deferred—on account of many of our subscribers binding the two volumes between February and February in one—till the completion of the volume, when it is also designed to commence a new series, with only one volume a year, as formerly.—Subscribers who have commenced taking the Journal within the last six months, are informed that a few sets of Vols. VII., VIII. and IX. remain on hand, and will be sent them in sheets at *one dollar* a volume. Those who commence with the eleventh volume, and take the seventh, eighth and ninth, can also receive the tenth at the same price. If the latter volume alone is taken, it will be considered as part of the present year, and no deduction be made. But a few extra copies of Vol. XI. will be printed, and new subscribers are requested to send in their names early, that they may be furnished with all the numbers.

The Title-page and Index of Vol. X. will be sent in a future number.

DIED—In Parkman, Dr. Nicholas Jumper, 47; death occasioned by the infection received from a dead body, by a slight scratch on the finger (not of sufficient depth to draw blood), while conducting, with another physician, a post-mortem examination.—At Louisville, Ky., by suicide, Dr. John P. Declary.—At Pekin, Illinois, of cholera, Dr. Samuel Perry, late of New Jersey.—In New York, Dr. Alexander Hosack, aged 61.

Whole number of deaths in Boston for the week ending August 9, 38. Males, 20—Females, 18.

Of cholera morbus, 3—cholera infantum, 2—rheumatic fever, 1—intemperance, 1—old age, 2—accidental, 1—consumption, 8—convulsions, 1—infantile, 2—hooping cough, 2—bilious fever, 1—gangrene, 1—dropsy, 1—disease of the heart, 2—catarrh, 1—dysentery, 1—croup, 1—scarlet fever, 1—dropsy on the brain, 1—cancer, 1—inflammation of the bowels, 1—lock-jaw, 1. Stillborn, 1.

ADVERTISEMENTS.

MEDICAL SCHOOL IN BOSTON.

THE MEDICAL FACULTY of Harvard University announce to the public, that some important changes have been made during this year, in regard to the term of Lectures in that Institution, and the conditions of Medical graduation; by which the necessary expense to students is diminished, while the opportunities of instruction are at the same time increased.

By a recent vote of the Corporation and Overseers, two courses of Lectures are now required for a Medical degree, one of which at least must be attended in this University, and the other may be attended at any respectable incorporated Medical School, in which the same branches are taught.

The Lectures will begin on the first Wednesday in November, and continue thirteen weeks, after which time the regular course will be considered as terminated. But for the following four weeks, the Hospital and the Dissecting-room will be kept open, and some Lectures will be given, without additional expense, to such students as may choose to remain.

A new Course of Lectures on the Principles of Surgery and Clinical Surgery has been established, and will go into operation this year. The addition of expense arising from this Course, is considered as more than counterbalanced to non-resident students, by the reduction of the fee for the Course on Anatomy, and by the diminished term of necessary residence.

By an additional act of the Legislature of Massachusetts, passed during their late session, the opportunities for the study of Practical Anatomy are now placed upon the most liberal footing. While the violation of sepulchres is prevented, it is anticipated that an ample supply of subjects for the wants of science will be legally provided at a small expense.

The following Courses of Lectures will be delivered to the class of the ensuing season:

			Fees.
Anatomy, and the Operations of Surgery,	by	JOHN C. WARREN, M.D.	$15.
Chemistry,	"	JOHN W. WEBSTER, M.D.	15.
Midwifery and Medical Jurisprudence,	"	WALTER CHANNING, M.D.	10.
Materia Medica,	"	JACOB BIGELOW, M.D.	10.
Principles of Surgery and Clinical Surgery,	"	GEORGE HAYWARD, M.D.	10.
Theory and Practice of Physic, and Clinical Medicine,	"	JAMES JACKSON, M.D. & JOHN WARE, M.D.	15.

The Massachusetts General Hospital is open without fee to Students attending the Lectures of the physicians and surgeons. This Institution contains about sixty beds, which are, most of the time, occupied by patients who are subjects partly of medical, and partly of surgical treatment. Clinical Lectures are given several times in each week, and surgical operations are frequent. The number of surgical operations during the last five years has averaged about seventy in each year.

To the Medical College is attached a Medical Library, a costly and extensive Chemical Apparatus, and Collections illustrative of Midwifery, Materia Medica, and Healthy and Morbid Anatomy.

Boston, May, 1834. July 23. e3wtN1. WALTER CHANNING, *Dean.*

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